

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>5/18/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>67475</i>	<i>5/18/00</i>
FORMALITY REVIEW	<i>[Signature]</i>		
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Best Available Copy

TITLE APPLICANTS

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**WARNING**  
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Form PTC  
(Rev. 6/93)

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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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